

**KEWAUNEE COUNTY
CERTIFICATION OF TRAINING AND AGREEMENT OF COMPLIANCE**

I certify that:

1. I have attended Kewaunee County's education training session regarding compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and related state law confidentiality requirements, and have received a copy of Kewaunee County's HIPAA policies and procedures (or otherwise have access to such HIPAA policies and procedures).

2. During the training session, I was instructed on Kewaunee County's policies and procedures regarding protected health information, HIPAA and applicable state law as determined by Kewaunee County to be necessary and appropriate for me to carry out my specific job responsibilities for Kewaunee County. I had the opportunity to ask my supervisor and/or the Privacy Officer questions regarding Kewaunee County's policies and procedures regarding HIPAA. All of my questions have been answered to my satisfaction. In the event any further questions or concerns about HIPAA should arise, I agree to contact the Privacy Officer to discuss such issues.

3. I agree specifically to act in accordance with the policies and procedures of Kewaunee County regarding HIPAA.

Signature: _____

Print Name: _____

Position: _____

Date: _____

Duplicate Form to be maintained by: Privacy Officer/HIPAA Compliance Files
Personnel File/Human Resources